



# House of Representatives

General Assembly

**File No. 51**

February Session, 2016

Substitute House Bill No. 5249

*House of Representatives, March 15, 2016*

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## **AN ACT ESTABLISHING THE CONNECTICUT TRAUMATIC BRAIN INJURY ADVISORY BOARD.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2016*) (a) As used in this section,  
2 "traumatic brain injury" or "TBI" means damage to the brain tissue and  
3 any combination of focal and diffuse central nervous system  
4 dysfunction, immediate or delayed, at the brain stem level and above,  
5 sustained through external forces including, but not limited to, blows  
6 to the head, falls, vehicular crashes, assaults, sports accidents,  
7 intrauterine and birth injuries and violent movement of the body.

8 (b) There is established a Connecticut Traumatic Brain Injury  
9 Advisory Board to address the needs of persons with traumatic brain  
10 injuries. The board shall make recommendations to the Commissioners  
11 of Public Health and Social Services for the implementation of a state-  
12 wide plan to address the needs of TBI survivors, including, but not  
13 limited to: (1) Increasing efforts for prevention of and community

14 education about TBI; (2) increasing provider capacity and provider  
15 competency, skills and knowledge; (3) improving the coordination of  
16 services for TBI survivors; (4) opening a dialogue with private  
17 community-based agencies to develop services for TBI survivors; (5)  
18 assessing and identifying methods to expand programs and services  
19 for TBI survivors; (6) addressing the needs of TBI survivors not  
20 covered by existing services; and (7) assisting with the establishment of  
21 a comprehensive TBI tracking system, pursuant to section 19a-6e of the  
22 general statutes, to collect data on incidence, patient demographics,  
23 nature of injury, cause of injury, injury locale, details on severity of  
24 injury and outcomes.

25 (c) The board shall consist of the following members:

26 (1) Three appointed by the speaker of the House of Representatives,  
27 who shall be TBI survivors;

28 (2) Three appointed by the president pro tempore of the Senate,  
29 who shall be relatives of TBI survivors;

30 (3) Three appointed by the majority leader of the House of  
31 Representatives, two of whom shall be representatives of private  
32 provider agencies currently providing support for TBI survivors and  
33 one of whom shall be a representative of the Brain Injury Alliance of  
34 Connecticut;

35 (4) Three appointed by the majority leader of the Senate, two of  
36 whom shall be representatives from the medical community, such as a  
37 pediatrician, a neurologist, a physiatrist or a neuropsychologist, with  
38 experience working with persons with TBI, and one of whom shall be a  
39 representative from the educational community, such as a school  
40 nurse, a school guidance counselor, an educator or a representative  
41 from special education, with experience working with persons with  
42 TBI;

43 (5) Two appointed by the minority leader of the House of  
44 Representatives, who shall be licensed health care professionals, such

45 as a clinical social worker, rehabilitation specialist, speech pathologist,  
46 vocational rehabilitation counselor, an occupational therapist or a  
47 physical therapist, with experience working with TBI survivors;

48 (6) Two appointed by the minority leader of the Senate, who shall  
49 be licensed health care professionals, such as a clinical social worker,  
50 rehabilitation specialist, speech pathologist, vocational rehabilitation  
51 counselor, an occupational therapist or a physical therapist, with  
52 experience working with persons with TBI; and

53 (7) The Commissioners of Children and Families, Correction,  
54 Developmental Services, Education, Mental Health and Addiction  
55 Services, Public Health, Rehabilitation Services, Social Services and  
56 Veterans' Affairs, or the commissioners' designees, the Labor  
57 Commissioner or the commissioner's designee, and the executive  
58 director of the Office of Protection and Advocacy for Persons with  
59 Disabilities, or the executive director's designee.

60 (d) All appointments to the board shall be made not later than  
61 September 1, 2016. Any vacancy shall be filled by the appointing  
62 authority. Members of the board shall serve without compensation for  
63 terms as set forth in the bylaws adopted pursuant to subsection (e) of  
64 this section.

65 (e) The speaker of the House of Representatives and the president  
66 pro tempore of the Senate shall select the chairpersons and secretary of  
67 the board from among the members of the board. Such chairpersons  
68 shall schedule the first meeting of the board, which shall be held not  
69 later than October 1, 2016. The chairpersons and secretary shall  
70 conduct the affairs of the board and draft bylaws to be approved by  
71 the board. A majority of the board may amend the bylaws or  
72 recommend to the appointing authority removal of a board member  
73 for cause. For purposes of this subsection, "cause" means gross  
74 dereliction of duty, excessive absenteeism or undisclosed conflicts of  
75 interest involving paid providers of services.

76 (f) On or before June thirtieth of each year, the board shall report, in

77 accordance with the provisions of section 11-4a of the general statutes,  
78 to the Governor and the joint standing committees of the General  
79 Assembly having cognizance of matters relating to human services and  
80 public health. The annual report shall include, but not be limited to: (1)  
81 The incidence and geographical distribution of TBI in Connecticut; (2)  
82 demographic data concerning TBI survivors; (3) a review of the use of  
83 public-private partnerships to serve TBI survivors; (4) assessment of  
84 current services from both public and private providers; and (5)  
85 identification of gaps or deficits in programs and services for TBI  
86 survivors.

87 (g) The board's transmission, storage and dissemination of data and  
88 records related to persons with TBI shall be in accordance with federal  
89 and state law and regulations concerning the privacy, security,  
90 confidentiality and safeguarding of individually identifiable  
91 information, including, but not limited to, the provisions of section  
92 19a-25f of the general statutes concerning electronic health information  
93 and the Health Insurance Portability and Accountability Act of 1996,  
94 P.L. 104-191 (HIPAA), as amended from time to time, and the Family  
95 Educational Rights and Privacy Act of 1974, 20 USC 1232g, (FERPA),  
96 as amended from time to time, and any regulations promulgated  
97 thereunder.

This act shall take effect as follows and shall amend the following sections:

Section 1	July 1, 2016	New section
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**HS**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note****State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 17 \$</b>	<b>FY 18 \$</b>
Various State Agencies	GF - Potential Cost	Less than \$1,000	Less than \$1,000

Note: GF=General Fund

**Municipal Impact:** None**Explanation**

There may be a cost of less than \$1,000 to agencies participating in the Connecticut Traumatic Brain Injury Advisory Board to reimburse legislators and agency staff for mileage expenses.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

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**OLR Bill Analysis****sHB 5249*****AN ACT ESTABLISHING THE CONNECTICUT TRAUMATIC BRAIN INJURY ADVISORY BOARD.*****SUMMARY:**

This bill establishes a 27-member Connecticut Traumatic Brain Injury Advisory Board to address the needs of people with traumatic brain injuries (TBIs).

The board must (1) make recommendations to the Department of Public Health (DPH) and Department of Social Services (DSS) commissioners to implement a statewide plan to address the needs of TBI survivors and (2) annually report to the governor and Human Services and Public Health committees on TBI survivor data, programs, and services.

Under the bill, TBI is damage to the brain tissue and any combination of focal and diffuse central nervous system dysfunction, immediate or delayed, at the brain stem level and above, sustained through external forces, including blows to the head, falls, vehicle crashes, assaults, sports accidents, intrauterine and birth injuries, and violent body movements.

The board must transmit, store, and disseminate data and records related to people with TBI in compliance with federal and state laws and regulations concerning privacy, security, confidentiality, and safeguarding of individually identifiable information, including the state law concerning electronic health information and the federal Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA).

EFFECTIVE DATE: July 1, 2016

**BOARD RECOMMENDATIONS**

The board must make recommendations to the DPH and DSS commissioners to implement a statewide plan to address the needs of TBI survivors, including recommendations for DPH and DSS to:

1. increase (a) efforts for prevention of and community education about TBI and (b) provider capacity, competency, skills, and knowledge;
2. improve service coordination for TBI survivors;
3. begin discussions with private, community-based agencies to develop services for TBI survivors;
4. assess and identify methods to expand programs and services for TBI survivors;
5. address the needs of TBI survivors not covered by existing services; and
6. assist with the establishment of a comprehensive TBI tracking system to collect data on incidence; patient demographics; nature, cause, and location of injury; and details on severity of injury and outcomes.

**BOARD MEMBERSHIP AND PROCEDURES*****Membership***

The board must include the following individuals or their designees: (1) the DPH and DSS commissioners; (2) the commissioners of the departments of Children and Families, Correction, Developmental Services, Education, Labor, Mental Health and Addiction Services, Rehabilitation Services, and Veterans Affairs; and (3) the Office of Protection and Advocacy for Persons with Disabilities executive director. The board must also include several appointees, as depicted in Table 1.

**Table 1: TBI Advisory Board Appointees**

<b>Appointing Authority</b>	<b>Number of Appointees</b>	<b>Qualifications</b>
House speaker	Three	TBI survivors
Senate president	Three	Relatives of TBI survivors
House majority leader	Three	Two representatives of private provider agencies currently providing support to TBI survivors  One Brain Injury Alliance of Connecticut representative
Senate majority leader	Three	Two representatives from the medical community with experience working with people with TBI (e.g., pediatricians, neurologists, physiatrists, neuropsychologists)  One representative from the education community (e.g., school nurses, guidance counselors, educators, special education representatives)
House minority leader	Two	Licensed health care professionals with experience working with people with TBI (e.g., clinical social workers, rehabilitation specialists, speech pathologists, vocational rehabilitation counselors, occupational therapists, physical therapists)
Senate minority leader	Two	Licensed health care professionals with experience working with people with TBI (see above examples)

**Procedures**

The appointing authorities must make all initial appointments by September 1, 2016 and fill any vacancies.

The board members must serve without compensation.

The House speaker and Senate president must select the board chairpersons and secretary from its members, and the chairpersons and secretary must conduct the board's affairs and draft bylaws for



board approval. The chairpersons must schedule the first meeting by October 1, 2016.

A board majority may amend the bylaws or recommend removal of a board member to the appointing authority for cause (e.g., gross dereliction of duty, excessive absenteeism, or undisclosed conflicts of interest involving paid service providers.)

### **REPORTING REQUIREMENTS**

The board must annually report by June 30 to the governor and Human Services and Public Health committees on:

1. the incidence and geographical distribution of TBI in Connecticut,
2. demographic data on TBI survivors,
3. a review of the use of private-public partnerships to serve TBI survivors,
4. assessment of current public and private provider services, and
5. identification of gaps or deficits in TBI survivor programs and services.

### **COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea 17 Nay 0 (03/03/2016)